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X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27659

FILED AUG 29 1941

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Brashear (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALT SPRING TRAIL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME BETTY LOUISE CLARK

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex I

5. Color or
race W

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Apr 18 1937
(Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 5
If less than one day
hr. _____ min. _____

9. Birthplace Kirkville mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Thaddeus H. Clark

13. Birthplace Adair Co. mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Louise Moore

15. Birthplace Brashear mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Thaddeus H. Clark

(b) Address Brashear, mo.

17. (a) Burial (b) Date thereof July 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Ridge

18. (a) Signature of funeral director Frederic R. Eshley

(b) Address Brashear, mo.

19. (a) July 25/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Brashear (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 5th W. N. Brashear
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 23 day _____
year 1941 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 22
1941, to July 23 1941.
that I last saw him alive on July 23 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Scarlet Fever Duration 4 days

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature N. E. Cornett (M.D. or other) V.D.O.
Address Brashear, mo. Date signed 7-24-41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1575

Date Filed AUG 21 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Brashear, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.